

MCFRS DIVISION OF VOLUNTEER SERVICES Personnel Information Management System (PIMS) User Request Form

Please fill out and return to: Admin. Spec. II Ruthie Wills, Montgomery County Fire and Rescue Service
Division of Volunteer Services, 100 Edison Park Drive, Gaithersburg, MD 20878

Date of Request: _____

User Function: (Check All Functions Needed)

<input type="checkbox"/>	IECS Updates (READ-ONLY ACCESS FOR EVERYTHING ELSE)	Apps_PIMS_Chiefs
<input type="checkbox"/>	Membership Updates and Adding Membership Records	Apps_PIMS_Chair
<input type="checkbox"/>	LOSAP Coordinator	Apps_PIMS_LosapCoordinators
<input type="checkbox"/>	Training Coordinator	Apps_PIMS_Chair
<input type="checkbox"/>	LFRD Internal Affairs (READ-ONLY ACCESS)	Apps_PIMS_IntAffairsStaff
<input type="checkbox"/>	FROMS (READ-ONLY ACCESS)	Apps_PIMS_FROMSstaff
<input type="checkbox"/>	SCBA Shop (Updates SCBA Fit Test Results)	Apps_PIMS_SCBA
<input type="checkbox"/>	(No LFRD) MCFRS Division of Volunteer Services Administration	Apps_PIMS_Admin
<input type="checkbox"/>	(No LFRD) MCFRS IECS Administration	Apps_PIMS_IECSadmin

<input type="checkbox"/> Add New User	<input type="checkbox"/> Update Current User
Name of User (Last, First, MI):	
Department:	
Alternate Email Address:	
Phone numbers:	
Reason for Access:	
How long is access required?	
Do you already have a Mont. County email? If YES, what is your user name? If not, County email will be assigned.	

Adding a new PIMS User? PLEASE TELL US WHO TO REMOVE:

<input checked="" type="checkbox"/> Remove User
Name of User (Last, First, MI):

<input type="checkbox"/>	<i>I have read, understand and agree to abide by the Montgomery County, Maryland Computer Security Policy and the Internet, Intranet, & Electronic Mail Policy.</i>
<input type="checkbox"/>	<i>I understand that I will be sent an email from the Enterprise Security Office from the ISATP Administrator (currently Joan Cole) informing me that I must take the mandatory Information Security Awareness Training Program (ISATP) and if I don't complete the training within 30 days, my account will be deleted.</i>
<input type="checkbox"/>	<i>I also agree that I will keep my account active by signing in at least once every 30 days.</i>
<input type="checkbox"/>	<i>I understand that I will not be granted access to PIMS until I have completed the ISATP program and provided a screenshot of the completion to Ruthie Wills.</i>

Signature, Requestor

Date

LFRD Approver, Chief or Designee

LFRD Approver Title

Date

DVS Approver - Division Chief or Designee

DVS Approver Title

Date